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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

	on of Corpo			1	
SUBJECT:		Fighters	Source, LLC	Z Jan State of the	
SUBJECT: _	·	_	ed Liability Company		
The enclosed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.	12 Jan 26 PM S. Ou	
Please return a	ll correspond	dence concerning this matter	to the following:		
		Deborah Love Name of Person			
			Name of Lesson		
	Friedman, Rosenwasser & Goldbaum, P.A. Firm/Company				
			r nns Company		
	5355 Town Center Road, Suite 801				
			Address		
			City/State and Zip Code		
		E-mail address: (t	dlove@frglaw.com o be used for future annual report notifice	ation)	
For further info	ormation cor	ncerning this matter, please ca	-		
Deborah Love			at (877_)6 Area Code & Daytime	05-9141	
	Name of I	Person Person	Area Code & Daytime	Telephone Number	
Enclosed is a c	theck for the	following amount:			
\$25.00 Fili	ng Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIGHTE	RS SOURCE, LLC	,	
(Name of the Limited Liability (A Florida I	' Company as it now appea Limited Liability Company)	rs on our records.)	NESC.
The Articles of Organization for this Limited Liability C	Company were filed on	03/15/2012	_ and ssigned of
Torica document number	_ -		A SECTION
This amendment is submitted to amend the following:			Ğ. 4
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Comp	any," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter the	e name of the new
Name of New Registered Agent:			2222
New Registered Office Address:			
	E	nter Florida street addre	ess .
		, Florida	
	City	-	7 in Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** Title **Address** <u>Name</u> Meyers, Adam **MGRM** 850 NE 5th Street ☐ Add Boca Raton, FL 33432 ✓ Remove Medina, Louis MGRM 850 NE 5th Street ∇ Remove Boca Raton, FL 33432 MGRM Medina, Kevin 850 NE 5th Street Boca Raton Fl 33432 Medina, Brandon **MGRM** 850 NE 5th Street Add Boca Raton, FL 33432 Remove MGR FS OPERATIONS, LLC ✓ Add 850 NE 5th Street Remove Boca Raton, FL 33432 \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 18 2012 Dated_ Signature of a member or authorized representative of a member Ronald N. Rosenwasser, Esq. (authorized representative)

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee